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**DEPARTMENT OF SOCIAL SERVICES**  
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ARNOLD SCHWARZENEGGER  
GOVERNOR

**ERRATA**

August 13, 2008

ALL-COUNTY INFORMATION NOTICE NO.: I-46-08E

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY IAR PROGRAM MANAGERS  
ALL COUNTY CAPI PROGRAM MANAGERS

**REASON FOR THIS  
TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☒ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

**SUBJECT: CORRECTION TO ALL-COUNTY INFORMATION NOTICE NO. I-46-08, ISSUED JUNE 12, 2008.**

The purpose of this errata is to transmit clarifications to the above referenced ACIN released June 12, 2008. The first clarification references an omitted page of the ACIN and the second clarifies the duties of the Interim Assistance (IA) agencies.

Form SSP 14 was included as an attachment to the ACIN; however, page two of the form was inadvertently omitted from the attachment. This has been corrected and the entire form is attached to this errata. For your convenience, you may also access the form at the following link: <http://www.dss.cahwnet.gov/lettersnotices/PG1516.htm>.

For Cash Assistance Program for Immigrants (CAPI) cases, the SSP 14 is intended to replace the CAPI Interim Assistance Reimbursement (IAR) Authorization (SOC 451); IA agencies, including those administering CAPI, are requested to begin using the new form immediately. The SOC 451 is obsolete and no longer valid.

If you have any questions concerning these clarifications, please contact Beatriz Sanchez, IAR Specialist, or Marshall Browne, Manager, of the Adult Programs Branch, Operations and Technical Assistance Unit, at (916) 229-3494, or via e-mail at: [Beatriz.Sanchez@dss.ca.gov](mailto:Beatriz.Sanchez@dss.ca.gov).

Sincerely,

**Original Document Signed by:  
Stan Cagle on 08/08/2008**

EVA L. LOPEZ  
Deputy Director  
Adult Programs Division

Attachment

c: CWDA

# AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE INITIAL PAYMENT OR INITIAL POSTELIGIBILITY PAYMENT

NAME	SOCIAL SECURITY NUMBER
ADDRESS	CITY
ZIP CODE	

**For the purposes of this authorization form:**

**The term "State" means the \_\_\_\_\_, which is the California county Interim Assistance (IA) agency that the California Department of Social Services has an interim assistance reimbursement agreement with and that paid you public assistance.**

**The term "SSI/SSP benefits" means Supplemental Security Income benefits under Title XVI of the Social Security Act and State Supplementary Payment benefits, also under Title XVI of the Social Security Act.**

**What am I authorizing by signing this authorization form if I checked the block called Initial Payment Only?**

☐ **Initial Payment Only**

If I am found eligible to receive SSI/SSP benefits, I understand that I am authorizing the Commissioner of the Social Security Administration (SSA) to send to the State:

- The first retroactive payment of SSI/SSP benefits on my initial claim, or
- An amount equal to the amount of reimbursable public assistance the State and any other California IA agency paid me when law restricts the manner in which my SSI/SSP money can be released to me.

**What am I authorizing by signing this authorization form if I checked the block called Initial Posteligibility Payment Only?**

☐ **Initial Posteligibility Payment Only**

If I am found eligible to receive SSI/SSP benefits, I understand that I am authorizing the Commissioner of SSA to send to the State:

- The first retroactive posteligibility payment of SSI/SSP benefits following a suspension or termination of my SSI/SSP benefits, or
- An amount equal to the amount of reimbursable public assistance the State and any other California IA agency paid me when law restricts the manner in which my SSI/SSP money can be released to me.

**How will the State be paid for the reimbursable public assistance it gave me if I checked the block called Initial Payment Only?**

If I am found eligible to receive SSI/SSP money, SSA will send the State my first retroactive SSI/SSP payment or an amount equal to the amount of reimbursable public assistance the State paid me when law restricts the manner in which my SSI/SSP money can be released to me. The State may:

- Deduct from my first retroactive SSI/SSP payment an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law does not restrict the manner in which my SSI/SSP money can be released to me, or
- Have SSA send the State an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law restricts the manner in which my SSI/SSP money can be released to me,

for months beginning with:

- the first month for which I am eligible to receive an SSI/SSP payment

and ending with, and including:

- the month my SSI/SSP payments begin, or
- the following month if the State cannot promptly stop making its last public assistance payment to me.

The State cannot be reimbursed for public assistance it paid me if that public assistance was financed wholly or partly from Federal dollars.

**How will the State be paid for the reimbursable public assistance it gave me if I checked the block called Initial Posteligibility Payment Only?**

If I am found eligible to receive SSI/SSP money, SSA will send the State my first retroactive posteligibility SSI/SSP payment or an amount equal to the amount of reimbursable public assistance the State paid me when law restricts the manner in which my SSI/SSP money can be released to me. The State may:

- Deduct from my first retroactive posteligibility SSI/SSP payment an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law does not restrict the manner in which my SSI/SSP money can be released to me, or
- Have SSA send the State an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law restricts the manner in which my SSI/SSP money can be released to me,

for months beginning with:

- the day of the month I again become eligible to receive an SSI/SSP payment following a period of suspension or termination,

and ending with, and including:

- the month my SSI/SSP payments resume, or
- the following month if the State cannot promptly stop making its last public assistance payment to me.

The State cannot be reimbursed for public assistance it paid me if that public assistance is financed wholly or partly from Federal dollars.

**Can the State use this authorization for an Initial Payment of SSI/SSP benefits and an Initial Posteligibility Payment of SSI/SSP benefits?**

No. I am authorizing the State to use this form for **only one payment event**. If both payment blocks are checked, this form is not binding on me or the State. If both blocks are checked, the State and I must sign a new form with only one of the payment blocks checked.

**Does this authorization serve as a protective filing for SSI/SSP benefits?**

Yes. If I checked the Initial Payment Block, signing this form serves as a signed statement of my intention to claim SSI/SSP benefits if I have not filed an SSI/SSP application as of the date this authorization is received by the State. My eligibility for SSI/SSP benefits may begin as early as the date the State receives this signed form if I file an application for SSI/SSP benefits at a social security office within sixty (60) days after that date. This form also serves as a notice from SSA that I have sixty (60) days from the date the State receives this form to file for SSI/SSP benefits. However, if I do not file an application for SSI/SSP benefits at a social security office within sixty (60) days after that date, then I understand that I cancel my intention to claim SSI/SSP benefits and this authorization no longer protects my filing date for SSI/SSP benefits.

**How long is this authorization binding on me and the State if I checked the Initial Payment Block?**

If I checked the Initial Payment Block, this authorization is binding on me and the State for 12 months beginning with the date SSA received the signed authorization provided that SSA receives the authorization within thirty (30) calendar days of the date I sign it. If the interim assistance agency does not notify SSA within thirty (30) calendar days of the date that I sign this authorization, the authorization is not binding on me or the State. However, if it notifies SSA about this authorization electronically, the thirty (30) calendar days do not begin until the day of the month that SSA requires the State to transmit the electronic notification that it has obtained a signed authorization. Also, this form must be signed and dated by both a State representative and me to be a valid agreement that authorizes the State to receive interim assistance reimbursement from my SSI/SSP payments. Furthermore, if I applied for SSI/SSP before the State received this authorization or I apply for SSI/SSP within 12 months of the date described above or I file a timely request for an administrative or judicial review within the time permitted under SSA's regulations, this authorization will remain in effect, even if beyond the 12 month period until such time as:

- SSA makes the first retroactive payment of SSI/SSP benefits on my initial claim; or
- SSA makes a final determination on my claim; or
- The State and I both agree to terminate this authorization.

**How long is this authorization binding on me and the State if I checked the Initial Posteligibility Payment Block?**

If I checked the Initial Posteligibility Payment Block, this authorization is binding on me and the State for 12 months beginning with the date SSA receives the signed authorization provided that SSA receives the authorization within thirty (30) calendar days of the date I sign it. If the interim assistance agency does not notify SSA within thirty (30) calendar days of the date that I sign this authorization, the authorization is not binding on me or the State. However, if it notifies SSA about this authorization electronically, the thirty (30) calendar days do not begin until the day of the month that SSA requires the State to transmit the electronic notification that it has obtained a signed authorization. Also, this form must be signed and dated by both a State representative and me to be a valid agreement that authorizes the State to receive interim assistance reimbursement from my SSI/SSP payments. Furthermore, if I file a timely request for an administrative or judicial review within the time permitted under SSA's regulations, this authorization will remain in effect, even if beyond the 12 month period, until such time as:

- SSA makes the first retroactive posteligibility payment of SSI/SSP benefits following a suspension or termination of my SSI/SSP benefits; or
- SSA makes a final determination on my appeal; or
- The State and I both agree to terminate this authorization.

**What rights and appeals are available to me under this authorization?**

The State is required to:

1. Pay me any balance due from the retroactive SSI/SSP payment within 10 working days of their receipt of my SSI/SSP payment.
2. Give me a written notice explaining:
  - How much SSA repaid the State for interim assistance it paid me;
  - The balance, if any, due me unless the Social Security Act requires SSA to pay me such balance. (In such an event, SSA will notify me of the manner in which the balance will be paid to me.); and
  - That I will have an opportunity for a hearing with the California Department of Social Services if I disagree with its actions regarding repayment of interim assistance or any action the IA agency took regarding this authorization.

SIGNATURE OF APPLICANT	DATE	
SIGNATURE OF STATE REPRESENTATIVE	DATE	GR CODE

**If the applicant signs this form with a mark, the signature must have two witnesses who provide their signatures, addresses, and the dates they signed below:**

WITNESSED BY:			WITNESSED BY:		
ADDRESS (#, STREET):			ADDRESS (#, STREET):		
CITY	STATE	ZIP	CITY	STATE	ZIP